

(1) PLACE OF BIRTH

County of S. Edgarfield
 Township of
 or
 Inc. Town of Calliers
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

30017

Registration District No. 1803 Registered No. 25
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Earleen Holmes (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 26 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jasper Holmes

(9) PRESENT POSTOFFICE OF FATHER Calliers S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 # 6

MOTHER.

(14) NAME BEFORE MARRIAGE Middleton

(15) PRESENT POSTOFFICE OF MOTHER Calliers S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 # 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Blocher

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Calliers S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 9 1922 (28) T. E. Miller
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.